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TIME TO BEGIN ANTIMOSQUITO WORK.

Experience has shown that antimosquito measures should begin as early in the spring as possible. It does not take long for the little pest to recognize the passing of winter and the coming of a new breeding season. This season opens about March or the beginning of April in the southern district (Montgomery, Ala.) and about a week later for districts as far north as Newport News, Va. The greatest result from antimosquito measures with the least effort is obtained when these measures are taken in time to prevent the breeding of the early spring generations. We publish in this issue an instructive paper describing the effective antimosquito campaign carried on by the Public Health Service in the extra-cantonment areas last year. A list of other recent publications issued by the service is given on page 553.

The United States Public Health Service will be glad to assist local communities desiring to engage in antimosquito activities. If desired, an experienced sanitary engineer officer will be detailed to advise such communities as to the most practicable measures to be undertaken, and to cooperate in supervising the activities carried on. Requests for such assistance should be made through the State health officer.

MALARIA.

A SERIOUS HEALTH PROBLEM OF NATION-WIDE CONCERN.

The public generally has no conception of the seriousness of malaria as a health problem in the United States. Yet it is well established that wherever malaria prevails, and almost in direct proportion to its prevalence, the population is generally subnormal physically, mentally, and economically. Since competent authorities estimate the number of cases of malaria occurring annually in the United States at the present time at about six or seven million, the influence of this disease on the health and welfare of the Nation demands wider recognition. It is especially important to overcome the apathy with which malaria is still so frequently regarded, mainly because it is so seldom fatal. The occurrence of smallpox, typhus fever, cholera, or yellow fever rouses to instant activity the press, the people, and the health authorities. Yet the ravages of these diseases in this country are as nothing when compared to the devastation wrought by malaria.

This is perhaps not unnatural, for in the case of the first-mentioned diseases, the events are usually much more dramatic. These diseases run a short course and a large proportion of the cases quickly end with death. In the case of malaria the disease runs an insidious, chronic course and there are few fatalities. Under these circumstances, the havoc wrought by malaria is not readily appreciated.

At one time malaria was at home in a much greater area of the United States than it is to-day. Even in the South, where malaria is still prevalent, the disease is diminishing in many localities, owing not only to the improved economic state of the farmer, which makes possible better housing and a better environment generally, but also owing to the more extensive cultivation of the land with the consequent better drainage and fewer collections of standing water in which mosquitoes can breed. The more general use of quinine as a household remedy together with a commendable diminution of faith in widely advertised patent medicines, is probably also responsible for some of the improvement observed.

Theoretically the control of malaria presents no difficulties from the standpoint of public health officials and sanitary engineers. In perhaps no other disease is so much exact scientific knowledge available. The control of malaria is intimately related to the control of the Anopheles mosquito. The habits and life history of this mosquito are well known and the measures required to exterminate the insect are well established. Practically, however, the problem of malaria control often presents great difficulties because of the financial outlay involved. In this connection it must be remembered that malaria is seven times as prevalent in rural communities as it is in cities and towns; that is to say, the rural communities with only limited populations directly concerned, and therefore, with limited resources, almost invariably face a larger area of mosquito-breeding places to be dealt with.

When one considers the rôle played by health conditions in rural communities in influencing those prevailing in towns and cities, and furthermore the relation existing between the health of one part of the United States and that of the Nation as a whole, it becomes clear that the problem of malaria control throughout the United States is one which should be dealt with through the cooperation of Federal, State, and local authorities.

At the present time there are three principal, well-recognized areas in this country where malaria may be said to be at home. The largest area covers the whole southeastern portion of the United States, having for its southern boundary the Gulf of Mexico; for its western boundary a line drawn from Eagle Pass, on the Rio Grande, to Leavenworth, Kans.; for its eastern boundary the Atlantic seaboard; and its northern boundary a line drawn from Leavenworth, Kans., eastward some distance north of the Ohio River and extending to the Atlantic on a line with the northern boundary of Maryland. Of the two smaller endemic areas, one includes a section of the northern part of New Jersey, southeastern New York, Connecticut, Rhode Island, and part of the State of Massachusetts. It is probable that the New England endemic area actually extends southward to the large southern area, of which it is really a part. The third recognized endemic area is in California and includes the Sacramento and San Joaquin Valleys, which occupy a large portion of the central part of the State.

A striking illustration of the disastrous effect of malaria is afforded by the history of the lower peninsula of Virginia. Constituting, as it did, the earliest English settlement in America, and containing, as it does, excellent farming land, it is significant that this region is still practically uninhabited. On many parts of the peninsula there is hardly a family to 3 square miles. Though school histories do not mention the fact, it is on record that Jamestown was abandoned "because of epidemicals."

For the South as a whole it is safe to say that typhoid fever, dysentery, pellagra, and tuberculosis, all together, are not as important as malaria. The reason for this is to be found in the variety of ways in which malaria influences community welfare. There is practically no instance known of a white community thriving where malaria seriously prevails. Those unfamiliar with the disease, and who think of health only in terms of death rates, do not realize that although malaria causes a considerable amount of serious illness requiring the attention of a physician, this is only a small part of its ravages. Much more important are the cases in which the patient does not feel sick enough to go to bed, and, of course, does not consult a physician. These cases are extremely numerous and constitute a large item in the reduction of labor output. Recent surveys in the South show that the crop yield by plantations where malaria prevails is only a fraction of what it normally should be. Just at the time when the crops need most attention, chills and fever keep a large number of laborers from work.

In some sections of the lumber region well-planned malaria-control work has resulted in a marked increase in the output of lumber with practically the same overhead charges.

The prevalence of malaria is most injurious to children, and affecting them, as it does, at the time when they should be getting their growth and education, it gives them a permanent handicap in life. Competent investigators are of the opinion that the backward condition of the school children in the coastal plains of the Carolinas is almost entirely due to the prevalence of malaria.

In connection with the fact that the white population is prone to abandon regions where malaria is prevalent, it must be remembered that this causes the disease to have an important sociological influence, especially in the South, for it results in large areas being inhabited almost entirely by negroes.

While malaria is primarily a rural disease it concerns cities also, for experience has shown that the disease often seriously affects the suburbs. This was well shown in a recent health survey of Dallas, where in one suburb, over 25 per cent of the sickness was caused by malaria.

It is well recognized that the prosperity of any section of the country is well measured by the amount of freight business done therein by the railroads. Applying this, we find that there is little railroad business in those sections of the South where malaria is very prevalent. The trains pass through these regions, but neither discharge nor pick up any considerable amount of freight. While this is of immediate concern to the railroads it deserves the careful attention of manufacturers, business men, and bankers throughout the country, for it reveals a large area susceptible of profitable economic development.

With the successful demonstrations of what can be accomplished by well-planned antimalaria measures, a concerted effort should now be made to inaugurate an intensive campaign against malaria by enlisting Federal, State, and local governmental support, aided by individual and corporate interests concerned, in eliminating this health and business liability and in promoting the economic development of the affected regions.

Mr. Governor,
Mr. Mayor,
Mr. Health Officer,
Mr. Manufacturer,
Mr. Banker,
Mr. Railroad President,
Mr. Citizen,

ARE YOU READY TO DO YOUR PART?